

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			03/16/02
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		70303	B-12

INDEX OF CLAIMS

✓ Rejected N
 " Allowed I
 — (Through numeral) Canceled A
 : Restricted O

Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
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34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	

If more than 150 claims, attach a separate sheet for each 50 claims.